# MULTIPLE DEPENDENT CLAIM
## FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

## CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | 2 | | | | | |
| TOTAL DEP. | 22 | | | | | |
| TOTAL CLAIMS | 24 | | | | | |

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| TOTAL IND. | | | | | | |
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